

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for dates of service 02/18/02?
 - b. The request was received on 05/23/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFA
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFA
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file does not contain the additional documentation from the Requester required by Rule 133.307 (g)(3). Therefore, the Division cannot comply with Rule 133.307 (g)(4). The only response from the insurance carrier was received in the Division on 05/24/02 and is reflected as Exhibit II.
4. Fax confirmation of the Commission's request for additional documentation per Rule 133.307 (g)(3) is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 02/18/02.

2. The carrier's EOBs have the denials: "O – REIMBURSEMENT FOR YOUR RESUBMITTED INVOICE HAS BEEN CONSIDERED. NO ADDITIONAL MONIES ARE BEING PAID AT THIS TIME. BILL HAS BEEN PAID ACCORDING TO STATE FEE GUIDELINES AND/OR STATE RULES AND REGULATIONS" and "F – REIMBURSEMENT ACCORDING TO THE TEXAS MEDICAL FEES."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	HCPS CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
02/18/02	L3670 Post-op Fracture Brace Ultrasling	\$450.00	\$136.70	F, O	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c)	The Carrier's EOBs indicate that the reduction is based on the Medical Fee Guideline. However, per the Medical Fee Guideline the billed DME does not have a listed MAR, but is to be reimbursed at "fair and reasonable." Therefore, the carrier's denial codes and the explanation of the denial codes do not meet the requirements of Rule 133.304 (c) and additional reimbursement of \$313.30 is recommended.
Totals		\$450.00	\$136.70				The Requestor is entitled to reimbursement of \$313.30.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$313.30 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 29th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division